MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936674

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
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14			1			
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50						
TOTAL IND.						
TOTAL DEP.			19			
TOTAL CLAIMS		20				

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		IND.	DEP.	IND.	DEP.	IND.	DEP.
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							